TRANSCUTANEOUS CARDIAC PACING

FIELD ASSESSMENT/TREATMENT INDICATORS

Symptomatic Bradycardia see Protocol Reference #6011 Adult Bradycardia
Witnessed asystole see Protocol Reference #6015 Adult Cardiac Arrest
Patient 15 years of age and older - Base Hospital contact not required
Patient 9 to 14 years of age -Base Hospital order
Patient 8 years of age and younger - not indicated

PROCEDURE IN SYMPTOMATIC BRADYCARDIA

1. Start at rate of 60 and adjust the output control starting at 0 milli amperes until capture is noted. Assess peripheral pulses and confirm correlation with paced rhythm.
2. Determine lowest threshold response by turning the output control down, until capture is lost, then turn it back up slightly until capture is noted again. Maintain the output control at this level.
3. Assess peripheral pulses and confirm correlation with paced rhythm, Reassess patient for signs of adequate perfusion
4. Any movement of patient may increase the capture threshold response; the output may have to be adjusted to compensate for loss of capture.
5. With signs of inadequate tissue perfusion, increase rate **(not to exceed 100)** and contact Base Hospital.
6. Consider Midazolam 1-2 mg slow IV push if patient is awake and alert.
7. Consider Morphine Sulfate titrate in 1-2mg increments up to 10mg for patient complaint of pain with signs of adequate tissue perfusion.
8. Contact Base Hospital to advise of patient condition

PROCEDURE IN ASYSTOLE

1. Start at maximum energy output on the pacing device.
2. Follow above procedures #2-4.
3. If pacing ineffective, contact Base Hospital and consider termination of resuscitative efforts.

DOCUMENTATION

Upon arrival at the receiving hospital, the Advanced Skills Evaluation Form on the back of the yellow copy of the O1A Form or electronic equivalent must be filled out and signed by receiving physician. This form must then be forwarded to ICEMA within one week by either the PLN at the receiving facility if it is a Base Hospital or by the EMT-P's Agency EMS/QI Coordinator.